

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10702292

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		①				
5		1				
6		①				
7		①				
8		①				
9	1	①				
10	1	①				
11		10				
12						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	10					
TOTAL CLAIMS	11					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						